

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

31  
13.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Graham</u>				2. USUAL RESIDENCE A. STATE <u>Arizona</u> B. COUNTY <u>Graham</u>			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Safford</u>				C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Safford, Ariz</u>			
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Safford San Hospital</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>C</u>			
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) <u>Eric</u> B. (MIDDLE) <u>Gordon</u> C. (LAST) <u>Kimball</u>			4. SEX <u>M</u>	5. COLOR OR RACE <u>W</u>			
	6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH <u>2</u> DAY <u>2</u> YEAR <u>1957</u>		8. AGE YEARS <u>1</u> MONTHS <u>11</u> DAYS <u>11</u>		
	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		11. CITIZEN OF WHAT COUNTRY?		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	
	14A. FATHER'S NAME		14B. BIRTHPLACE (STATE OR COUNTRY)		15A. MOTHER'S MAIDEN NAME		15B. BIRTHPLACE (STATE OR COUNTRY)	
	16. INFORMANT'S SIGNATURE <u>Eric C. Kimball</u>				17. DATE OF DEATH MONTH <u>2</u> DAY <u>2</u> YEAR <u>1957</u>			
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.				MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>Card Stenosis before birth</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>"Still birth"</u> DUE TO (C) <u>"Still birth"</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
					INTERVAL BETWEEN ONSET AND DEATH			
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DEATH DUE TO EXTERNAL VIOLENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)			
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan 27</u> , 19 <u>57</u> TO <u>Feb 2</u> , 19 <u>57</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>Jan 27</u> , 19 <u>57</u> AND THAT DEATH OCCURRED AT <u>4:15</u> AM, FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	23A. SIGNATURE <u>F. W. Rutledge M.D.</u>		23B. ADDRESS <u>Safford Ariz</u>		23C. DATE SIGNED <u>2-2-57</u>			
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>2/2/57</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Pima Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Pima Ariz</u>	
	25A. DATE REC'D BY LOCAL REG. <u>Feb 9, 1957</u>		25B. REGISTRAR'S SIGNATURE <u>R. N. Stratton</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Caldwell</u>		27. EMBALMER'S SIGNATURE <u>W. H. Caldwell</u>	